

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) OR	Attorney Docket Number	US020480
	First Named Inventor	James L. Miller
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DEFIBRILLATOR TEST DEVICE AND METHOD

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	*24737*	OR	<input type="checkbox"/> Correspondence address below
Philips Electronics North America Corporation					
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City		State		1051-5190 ZIP	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		James L. Miller Family Name or Surname			
Inventor's Signature		<i>James L. Miller</i>		Date <i>6 Nov 2003</i>	
Westford Residence: City		MA State	USA Country	USA Citizenship	
31 Buckboard Drive Mailing Address					
Westford City		MA State	01886 Zip	USA Country	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City		State	Country	Citizenship	
Mailing Address					
City		State	Zip	Country	
<input type="checkbox"/> Additional Inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Atty. Docket

JAMES L. MILLER

US020480

Serial No.

Group Art Unit

Filed: CONCURRENTLY

Ex.

DEFIBRILLATOR TEST DEVICE AND METHOD

Honorable Commissioner for Patents
Alexandria, VA 22313-1450

APPOINTMENT OF ASSOCIATES

Sir:

The undersigned Attorney of Record hereby revokes all prior appointments (if any) of Associate Attorney(s) or Agent(s) in the above-captioned case and appoints:

Brinton Yorks (Registration No. 28,923)

Michael E. Marion (Registration No. 32,266) and

c/o U.S. PHILIPS CORPORATION, Intellectual Property Department,
P.O. Box 3001, Briarcliff Manor, NY 10510, his Associate
Attorney(s)/Agent(s) with all the usual powers to prosecute the
above-identified application and any division or continuation
thereof, to make alterations and amendments therein, and to
transact all business in the Patent and Trademark Office connected
therewith.

ALL CORRESPONDENCE CONCERNING THIS APPLICATION AND THE
LETTERS PATENT WHEN GRANTED SHOULD BE ADDRESSED TO THE UNDERSIGNED
ATTORNEY OF RECORD.

Respectfully,



Michael E. Marion, Reg. 32,266
Attorney of Record

Dated at Briarcliff Manor, New York
this November 10, 2003